

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS  
GENERAL CONTRACTOR DIVISION  
237 Coliseum Drive  
Macon, GA 31217  
Phone: 478-207-2440  
Fax: 478-314-5805  
[www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)

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**GENERAL DIVISION**  
**EXAMINATION APPLICATION FOR A QUALIFYING AGENT – LIMITED TIER**  
\*\*\*GENERAL INFORMATION\*\*\*

**THE APPLICATION AND REQUIRED FEE SHOULD BE MAILED TO THE ADDRESS SHOWN ABOVE. ALL SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO AND SUBMITTED WITH THE APPLICATION.**

\*\*The application must be completed in ink\*\*

**TO CHECK YOUR LICENSE APPLICATION STATUS ONLINE, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION WHERE REQUESTED. ACKNOWLEDGMENT OF RECEIPT OF YOUR APPLICATION WILL BE SENT BY EMAIL. YOUR EMAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

THIS APPLICATION PACKET INCLUDES:	<u>COMPLETED</u>
Application for Licensure	<input type="checkbox"/>
Employment Affidavit	<input type="checkbox"/>
Line of Credit	<input type="checkbox"/>
Authorization for Release of Information	<input type="checkbox"/>
Reference for General Contractor	<input type="checkbox"/>

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**LICENSES REQUIRED**

Licenses are required of persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A. § 43-41-2 from the Board's Law, as well as the Board's Rules for definitions.

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1. **INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED.** Applications are valid for one year. Check or money order should be made payable to "State Licensing Board for Residential and General Contractors." As provided by O.C.G.A. § 16-9-20, a \$40.00 service fee will be assessed on dishonored checks.
2. **APPLICATION FEE.** Submit non-refundable fee of \$200.00 with application.
3. **REQUIREMENTS FOR LICENSURE**
  - Must be a minimum of 21 years old.
  - Must be of good character and otherwise qualified as to competency, ability, integrity, and financial responsibility.
  - Must comply with one of the following:
    - (a) Four year degree from an accredited college or university in engineering, architecture, construction management, building construction or related field acceptable to the Division **and** one year of work experience as or in the employment of a general contractor or other proven experience deemed substantially similar by the Division; **or**
    - (b) Combination of college level academic accredited courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the Division equaling at least four years in the aggregate; **or**
    - (c) Total of at least four years of proven active experience working in a construction industry related field, at least two of which shall have been as or in the employment of a general contractor, or other proven experience deemed acceptable by the Division and at least one of which shall have been in or relating to administration, marketing, accounting,

estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the Division.

- Must submit to the Board, ***in a sealed envelope***, an official transcript, diploma, or certification from accredited college, university, or technical school attended if you are applying based on education ((a) or (b) above).
- Must submit, in support of (a), (b), or (c) above, at least one letter of recommendation from a registered or licensed Architect or Engineer or other as approved by the Board that shall follow the guidelines provided in Forms D-1 through D-3 attached.
- Must complete the Authorization for Release of Information (Form C) granting permission to the Board for a background check, including criminal history, and submit it ***with your application*** to the Board office.
- Must furnish a list of all persons, entities, and businesses with which the applicant will be affiliated. Please include principal officers, titles, and contact information.
- Must ***submit with your application*** proof (as outlined in the attached sample letter – Form B) that the business organization has a Line of Credit in a minimum amount of \$25,000.00.
- Must ***submit with your application*** a Certificate of Insurance in the name of the business organization showing proof of general liability insurance in a minimum amount of \$500,000 per occurrence. The business organization must also show proof of workers compensation insurance, if the business organization is currently required by Georgia law to carry such.

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### **LAW AND RULES**

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's website: [www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors). You are responsible for knowing the laws and rules for your profession.

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### **VETERANS' PREFERENCE POINTS**

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or were discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

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### **DISABILITY ACCOMMODATION**

Persons who have a disability and may require accommodation should either: a) contact the Board office or b) visit our website (click the link to "download forms") to obtain the "Request for Disability Guidelines" form.

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### **KEEP A COPY OF YOUR APPLICATION MATERIALS.**

All original materials will be maintained by our office and not returned to you.

# EXAM

**FOR BOARD USE ONLY**

Amount Submitted \$ \_\_\_\_\_

Date/Initials \_\_\_\_\_

Receipt # \_\_\_\_\_

**FOR BOARD USE ONLY**

License # \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant # \_\_\_\_\_

**State Licensing Board for Residential and General Contractors**

237 Coliseum Drive

Macon, GA 31217

478-207-2440 (Phone)

478-314-5805 (Fax)

[www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)**Application for a Qualifying Agent Applying for Licensure as a General Contractor – Limited Tier****Obtained By Examination****\$200.00 Non-refundable application fee****Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20****DISABILITY-** If you have a disability and may require an accommodation, you must contact the Board office or visit our website to obtain the **REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES**.**VETERANS' PREFERENCE POINTS-** Veterans may be eligible for special benefits in testing. Must submit a completed DD-214 Form.

\*\*The application must be completed in ink\*\*

**APPLICANT INFORMATION:****1. Name:** \_\_\_\_\_  
Last First Middle Maiden**2. Mailing Address:** \_\_\_\_\_  
(Street) (Apt#) (City/State/Zip Code)

If your mailing address is a P. O. Box, you must also provide a physical address:

\_\_\_\_\_  
(Street) (Apt #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

**3. Telephone #:** ( ) \_\_\_\_\_ **Other #:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_**4. Social Security Number\*:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **5. Date of Birth** \_\_\_\_\_

\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

**6. \_\_\_\_\_ I am a U. S. citizen. \_\_\_\_\_ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.**

**QUALIFYING AGENT INFORMATION:** Please be sure the Qualifying Agent Affidavit below is completed and signed by an authorized agent of the business organization who possesses binding authority for the business organization. The applicant may appoint him or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority. Please note the affidavit must be notarized.

7. \*Name and type of Business Organization: \_\_\_\_\_

☐ Partnership/LLP    ☐ LLC    ☐ Corporation (please list state of incorporation): \_\_\_\_\_  
☐ Joint Venture    ☐ Other \_\_\_\_\_

If the business organization is one other than a LLC or corporation, paperwork for which can be found on the Secretary of State's Corporation Division's website, please submit official company formulation documentation proving the existence of such business organization.

\* Submit on a separate sheet, attached to this application, the names of all persons, entities and business organizations you will be affiliated with as a licensed general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

8. Physical Business Address: \_\_\_\_\_  
(Street) (Apt #) (City/State/Zip Code)

9. Federal ID#: \_\_\_\_\_

10. Business Telephone #: ( ) \_\_\_\_\_ 11. Fax #: ( ) \_\_\_\_\_

### QUALIFYING AGENT AFFIDAVIT

I, \_\_\_\_\_, of \_\_\_\_\_, certify that I am  
(Name) (Company Name)  
the ☐ Owner ☐ Officer ☐ Partner of said business organization and possess binding authority for the  
business organization and do hereby appoint \_\_\_\_\_ to act as  
(Name)

qualifying agent on the business organization's behalf and to take the examination (unless exempted), as required for a Georgia limited tier general contractor's license. **I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity and that the individual applicant has final approval authority on all business matters, including contracts and contract performance and financial affairs of the business organization or entity.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

\_\_\_\_\_  
(Owner/Officer/Partner Signature) (Title)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

(Seal)

**Work Experience Information** (must list as requested in the chart below 1 to 4 years of experience depending upon which eligibility requirement you meet under Board Rule 553-4-.06(3)(c)(1), (2), or (3)). **Please have attached Employment Affidavit (Form A) completed and submit it along with this application.** NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required amount of years. Additionally, you must provide at least one letter of recommendation as provided for in Form D attached. ALSO NOTE: The chart below is NOT for specific project information, but for dates of employment. That is, the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project.

Employer Name & Address	Direct Supervisor (If you are owner of business, list "self".	Employment Dates (beginning date to end date)	Position/ Title	Type of Work Performed

**Education Information required ONLY IF qualifying under Board Rule 553-4-.06(3)(c)(1) or (2):** (four year baccalaureate degree in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division **or a combination** acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate)

**Name/Address of technical school, college or university attended (attach additional sheet if necessary):**

**a. Dates Attended:** \_\_\_\_\_

**b. Major or field studied:** \_\_\_\_\_

**c. Degree Awarded:** ☐ **Diploma/Certificate** ☐ **Bachelor’s** ☐ **Doctorate** ☐ **Masters**  
*(Must submit with this application, in a sealed envelope from the appropriate institution, an official transcript, diploma, or certification from accredited college, university, or technical school.)* NOTE: This documentation is only needed if you are applying using education in some fashion.

**Financial Responsibility (To be answered by the applicant)**

- Does the business organization for which you are applying as a qualifying agent have a minimum net worth of \$25,000.00?  
☐ Yes      ☐ No

2. Does the business organization for which you are applying as a qualifying agent have a Line of Credit issued by a banking institution in a minimum amount of \$25,000.00?  
☐ Yes (Line of Credit from Bank required, see attached) ☐ No
3. Has the business organization for which you are applying as a qualifying agent paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes, as required by law, for the previous three years? ☐ Yes ☐ No
4. Have you paid all judgments, taxes, student loans or child support payments as required by law? ☐ Yes ☐ No
5. Have you (as an individual or business entity) ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?  
☐ Yes ☐ No

If you answered "No" to question 3 or 4 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A "No" answer does not necessarily mean a license will not be granted. However, the State Licensing Board for Residential and General Contractors may request additional documentation if the information submitted is insufficient. If you answered "Yes" to question 5, submit written explanation and all pertinent court documents and schedules filed with the bankruptcy court.

6. Does the business organization for which you are applying as a qualifying agent currently carry worker's compensation insurance as required by state law?  
☐ Yes (Attach Certificate of Insurance) ☐ No ☐ N/A (Less than 3 employees)
7. Does the business organization for which you are applying as a qualifying agent currently carry general liability insurance in a minimum amount of \$500,000?  
☐ Yes (Attach Certificate of Insurance from insurer) ☐ No

**General Information** (To be answered by the applicant)

1. Are you at least 21 years of age? ☐ Yes ☐ No
2. Are you of good moral character and otherwise qualified as to competency, ability, integrity and financial responsibility? ☐ Yes ☐ No  
Please note that completion of and submission to the Division of this application provides your consent for the Division to perform a background check on you. Thus, you must complete the attached Authorization for Release of Information form and submit it along with this application.
3. Do you meet the eligibility requirements under Board Rule 553-4-.06 (3)(c)(1)(2) or (3)?  
☐ Yes ☐ No
4. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations) ☐ Yes\* ☐ No  
\*If you answered "Yes", you must submit to the Board the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.

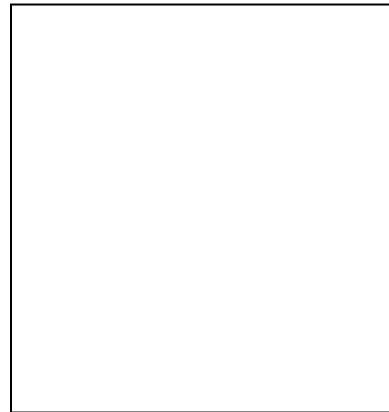
5. Have you ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state? ☐ Yes\* ☐ No

**\*If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office.**

6. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State? ☐ Yes\* ☐ No

**\*If you answered "Yes" to this question, please attach an explanation.**

**Photo:** (Attach a passport-type, color photograph of yourself here, showing head and shoulders only, taken within the last 90 days. The photo should fit within this box. Driver's licenses, identification cards, cropped photos, computer-generated photos, etc., WILL NOT be acceptable. It must be a passport-type photo):



I, the undersigned, do hereby affirm and swear, under oath, that all statements made in this application and on accompanying documents are true and correct to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_

(Seal)

**IMPORTANT NOTICE:** Please submit this unstapled and unfolded application in a 9 X 12 envelope.



STATE LICENSING BOARD FOR RESIDENTIAL  
AND GENERAL CONTRACTORS  
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**TO BE COMPLETED BY EMPLOYER AND RETURNED TO APPLICANT**

**GENERAL CONTRACTOR  
EMPLOYMENT AFFIDAVIT**

O.C.G.A. §§ 43-41-6(d)(3)(A), (B) and (C) state:

"[To be eligible as a general contractor, a person must have] (A) . . . received a baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division **and has** at least one year of proven experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division; (B) . . . a combination acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate. . . . or (C) . . . a total of at least four years of proven active experience working in a construction industry related field, at least two of which shall have been as or in the employment of a general contractor, or other proven experience deemed acceptable by the division and at least one of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the division."

**AFFIDAVIT**

I, \_\_\_\_\_  
(General Contractor)

solemnly attest and affirm that \_\_\_\_\_,  
(Applicant)

meets the above stated requirements of:

☐ Section 43-41-6(d)(3)(A)    or    ☐ Section 43-41-6(d)(3)(B)    or    ☐ Section 43-41-6(d)(3)(C)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Contractor's Signature)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

(Seal)

Employment Affidavit  
12/05/08

Form A





State Licensing Board for Residential and General Contractors  
State of Georgia  
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## LINE OF CREDIT FOR GENERAL CONTRACTOR – LIMITED TIER

**TO BE WRITTEN ON BANK LETTERHEAD AND PROVIDED TO THE APPLICANT**

Date

To: CONTRACTOR LICENSEE (Individual, Corporation, Partnership or LLC)  
Address  
City, State, Zip

Dear Contractor:

You have requested that (*Name of Lending Institution*) establish a Line of Credit which will be available to (Limited Tier Contractor's name as to be on license) for use in conducting the contracting business for which a license is being sought from the State Licensing Board for Residential and General Contractors, General Contractor Division.

We hereby establish a Line of Credit for these purposes in the amount of \$25,000.00, which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board of any significant change(s) in your financial condition during the term of this commitment.

We, the undersigned, will endeavor to notify the State Licensing Board for Residential and General Contractors, General Contractor Division, should we become aware of any significant change(s) in financial conditions of the above named applicant.

Yours truly,

(Signature)

(Name/Title)

## **SAMPLE LETTER – FOR BANK USE ONLY**

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### **Instructions**

- The Line of Credit (LOC) does not increase the net worth.
- The LOC is for the limited tier contractor's use and may be utilized at any time by the limited tier contractor.
- Name on LOC must be in the **EXACT NAME** as to be licensed and as on financial statement.

LOC  
12/05/08

Form B



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State of Georgia  
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Web-Site: [www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)

**APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed as a \_\_\_\_\_ contractor. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

\_\_\_\_\_  
Full Legal Name – Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Residence Street Address

\_\_\_\_\_  
Aliases or Maiden Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of this Authorization

**I UNDERSTAND THAT FAILURE TO AUTHORIZE THIS WAIVER AUTHORIZATION FOR RELEASE OF INFORMATION WILL PROHIBIT THE CONDUCT OF THE REQUIRED BACKGROUND INVESTIGATION AND I WILL NO LONGER BE A CANDIDATE FOR A STATE LICENSE FOR CONTRACTING.**



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## REFERENCE FOR GENERAL CONTRACTOR

**APPLICANT SECTION** (one form for each project is required – photocopy as necessary)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

1. List a commercial project in which you, as contractor, had general oversight and primary management responsibility for its successful performance and completion. Include project name, approximate size (sf), date, and dollar value of the commercial project you and the Architect or Engineer (of record) worked on together during the qualifying experience time period (completed within five years of the date of application or other approved by the Board):

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2. Do you have at least two years experience coordinating multiple trades?

☐ Yes (List the trades below)      ☐ No

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3. Do you have at least one year of experience holding a position in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management?

☐ Yes   ☐ No, Explain: \_\_\_\_\_

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4. If you are a specialty contractor, do you have experience with real property improvements?

☐ Yes (List and describe the improvements you have completed)      ☐ No

☐ N/A (Not a Specialty Contractor)

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\_\_\_\_\_  
(Print Name of Applicant)

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_.

(Seal)

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**ARCHITECT SECTION** (To be completed by the architect/engineer of record)

1. In your opinion, did the applicant reasonably demonstrate the abilities, skills, and knowledge of general contracting on the above mentioned project(s)?

☐ Yes ☐ No, Explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Based upon the foregoing, do you recommend that the state grant a license to conduct general contracting to the applicant, pursuant to the successful completion of the exam and any other application requirements?

☐ Yes ☐ No, Explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Please provide any further explanation or comments regarding the applicant's abilities, skills, knowledge, and integrity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Completing Architect/Engineer or Other Reference's Information:**

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

License/Registration #: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

## AFFIDAVIT

I, \_\_\_\_\_, solemnly attest and affirm that  
(Signature of Architect, Engineer or other as approved by the Board)

the above mentioned information is true to the best of my knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_.

(Seal)